



## **PEPFAR II: The Next Phase of US Global AIDS Assistance, 2009-2013**

In 2003, the United States launched the President's Emergency Plan on AIDS Relief (PEPFAR), the largest bilateral HIV/AIDS program in the world. Despite many policy problems, including a focus on abstinence and faithfulness at the expense of comprehensive sexuality education, a ban on syringe exchange, and a requirement that organizations receiving funding sign a pledge that they will not support or condone prostitution (the so-called Prostitution Loyalty Oath), PEPFAR has provided antiretroviral therapy for approximately 1.6 million people in 15 focus countries, and has contributed to providing prevention and care services for millions more. In 2008, the current PEPFAR legislation expires. On 30 July 2008, President Bush signed into law the "Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008," the bill that defines the next phase of US global AIDS programs. This bipartisan effort will renew the US global AIDS programs for another five years (beginning in 2009). While still imperfect in many ways, the new version of PEPFAR also holds a great deal of promise for people living with and affected by HIV/AIDS in the current 15 focus countries and beyond.

### **Resources:**

- US \$48 billion has been authorized to support HIV/AIDS, tuberculosis and malaria programs over five years, 2009-2013. This is triple the amount authorized in the initial PEPFAR legislation. Of this \$48 billion, \$35.4 billion is dedicated to HIV/AIDS services; \$3.8 billion will go to tuberculosis, \$4.8 billion to malaria, \$1.7 billion to research, and \$2.3 billion for health care workers. (This assumes that the Global Fund will receive at least \$2 billion per year.)
- 10% of the money for HIV/AIDS has been earmarked to provide services for orphans and other vulnerable children, such as school fees, nutrition, and community-based care. This earmark was maintained from the first PEPFAR bill.
- Up to US \$2 billion is authorized as a contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria for fiscal year 2009; unspecified contribution amounts are also authorized for 2010-2013.

### **Focus Countries, Coordination and US Travel Policy:**

- The next phase of PEPFAR will continue work in the existing 15 focus countries. Additional countries will be eligible for support under PEPFAR by establishing compacts or other such agreements with the Office of the Global AIDS Coordinator, which will consider various criteria for eligibility and set objectives. The compacts will require consideration of health systems, gender, civil society engagement, and many other cross-cutting issues.
- The new PEPFAR strategy calls for increased coordination with international and national partners, and increased support in national strategic planning efforts.
- The longstanding US ban on immigration and travel for people living with HIV/AIDS was struck down. This means that, for people living with HIV/AIDS who wish to visit the US on temporary visas or to apply for asylum or refugee status, HIV will no longer be grounds for inadmissibility. However, the US Department for Health and Human Services can still designate HIV/AIDS a disease of public health significance, undoing the gains made in the new PEPFAR legislation and resulting in renewed inadmissibility on the grounds of HIV status.

**Prevention:**

- The requirement that one-third of all prevention spending go to abstinence-only and faithfulness programs (the “AB earmark”) has been struck down. In its place is the suggestion that countries with generalized epidemics must spend at least 50% of money for sexual prevention on abstinence, faithfulness, partner reduction and delay of sexual debut. If they do not, the Global AIDS Coordinator must justify this decision to Congress. This is not a new earmark.
- A new prevention target of 12 million new HIV infections averted worldwide over the next five years has been included.
- A new target of 80% coverage of services to prevent mother-to-child transmission (PMTCT) of HIV has been added. The bill also requires creation of an expert panel on PMTCT.
- The 2008 bill has an increased focus on the particular vulnerabilities of women and girls. A specific plan for addressing the needs of women and girls is now required. Additionally, the role of gender-based violence in the HIV/AIDS pandemic and the need for legal protections and economic opportunities for women and girls are required in the overall PEPFAR strategy and activities. Research into female-controlled prevention, particularly microbicides, is also given increased attention and resources. These efforts must be reported to Congress.

**Treatment:**

- The new bill does not contain a hard treatment target, unlike the first PEPFAR legislation. Instead, it uses the original target of 2 million on treatment as a floor; subsequent increases in the number of people receiving treatment under PEPFAR will be linked to the percentage by which annual appropriations for PEPFAR increase and to complex formulations based on per-patient drug pricing.
- A new target requires that, by 2013, the proportion of children receiving care and treatment is proportionate to the number of children requiring such services in each country.

**Care and Support:**

- A target to provide care for 12 million people by 2013 has been set.
- Of those receiving care, at least 5 million should be orphans and other vulnerable children affected by HIV/AIDS, with an emphasis on the continuum of care.

**Health Systems and Health Care Workers:**

- The new bill increases attention to the critical shortage of health care workers around the world. It targets the training and retention of at least 140,000 health care workers and paraprofessionals, particularly to deliver primary health care, focused on sub-Saharan Africa.
- The bill reiterates the need to work toward meeting WHO-recommended staffing levels for doctors, nurses and midwives, and gives attention to health infrastructure.

**Remaining Problems:**

- The bill lacks all mention of family planning, an essential component of universal access to HIV/AIDS prevention, care and treatment.
- The new language regarding suggested spending for AB activities, while not a required earmark, will remain confusing to many implementers.
- The Prostitution Loyalty Oath is still US law.
- The existing ban on US support for syringe exchange for injection drug users was carried through into the second phase of US global AIDS assistance.
- The requirement that the number of people on treatment be linked to annual dollar figures appropriated for PEPFAR may result in a disincentive to treat people, since treatment can be expensive, and does not hold the US government accountable for meeting the needs of people living with HIV/AIDS.
- The training target for health care workers and paraprofessionals includes community health workers, which does not go far enough in addressing the serious shortage of doctors and nurses.